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PTO/SB/22 (12-04) (modified)

**JUN 28 2011**

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Attorney Docket No.: <b>52493.000344</b>																								
In re Application Of	Joseph R. ROBINSON, et al.																									
Application Number	10/643,885 ✓																									
Filed	August 20, 2003																									
For	SYSTEMS AND METHODS FOR DOCUMENTING HOME CARE SERVICES																									
Group Art Unit	3626																									
Examiner	Reginald R. Reyes ✓																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.</p> <p>The requested extension and appropriate fee is as follows:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> <th style="text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td style="text-align: center;">\$ 130.00</td> <td style="text-align: center;">\$ 65.00</td> <td style="text-align: center;">\$130.00</td> </tr> <tr> <td><input type="checkbox"/> Two Month</td> <td style="text-align: center;">\$ 490.00</td> <td style="text-align: center;">\$ 245.00</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Three Month</td> <td style="text-align: center;">\$1,110.00</td> <td style="text-align: center;">\$ 555.00</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four Month</td> <td style="text-align: center;">\$1,730.00</td> <td style="text-align: center;">\$ 865.00</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five Month</td> <td style="text-align: center;">\$2,350.00</td> <td style="text-align: center;">\$1,175.00</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0206.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 40px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).;</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 40px;">Registration number if acting under 37 CFR 1.34(a). _____</p>				Large Entity	Small Entity	Amount	<input checked="" type="checkbox"/> One Month	\$ 130.00	\$ 65.00	\$130.00	<input type="checkbox"/> Two Month	\$ 490.00	\$ 245.00	\$	<input type="checkbox"/> Three Month	\$1,110.00	\$ 555.00	\$	<input type="checkbox"/> Four Month	\$1,730.00	\$ 865.00	\$	<input type="checkbox"/> Five Month	\$2,350.00	\$1,175.00	\$
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<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>																										
<u>June 28, 2011</u> <small>Date</small>	<u>/James R. Miner/</u> <small>Signature</small>																									
	<u>James R. Miner</u> <small>Typed or Printed Name</small>																									
	<u>40,444</u> <small>Registration Number (if applicable)</small>																									
<p><small>Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>																										
<p><input checked="" type="checkbox"/> *Total of <u>1</u> form(s) is/are submitted.</p>																										

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